



**RETIREE BENEFITS OPTION FORM - 2017  
CUPE 5500 Employees**

Name: \_\_\_\_\_ Date of Birth (d/m/y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee #: \_\_\_\_\_ SIN no. (For taxable life insurance): \_\_\_\_\_

Circle one or both applicable pensions:      **OMERS**      **OC-Transpo**

**Elect the option that applies to your situation:**

- I wish to enroll in some or all of the retiree benefit plans offered to me. I have reviewed the cost implications below, and have completed the *Retiree Benefit Enrolment Form*.
- I am at least 65 years of age at retirement. I understand that I am not eligible for Retiree Benefits.
- I am at least 65 years of age at retirement. I wish to enroll my younger spouse in retiree health and/or dental plan.

**Retiree Benefit Plan Cost:**

*(Employee benefit premium costs noted below are by province of residence. Rates are subject to change without notice.)*

Plan	Age 55 yrs or greater with service 25 yrs or greater, OR Age plus service totaled 85 or more	You had less than 25 years of service and your age plus service totaled 80 or more, but less than 85	Your age plus service totaled less than 80
Health	City pays 100%	You pay 100% Single: • \$ 141.90 ON • \$ 143.42 QC Family: • \$ 283.80 ON • \$ 286.84 QC	No coverage
Dental	• City pays 75% • You pay 25%  Single: • \$ 12.32 (ON) • \$ 12.45 (QC) Family: • \$ 24.65 (ON) • \$ 24.92 (QC)	You pay 100% Single: • \$ 49.28 ON • \$ 49.81 QC Family: • \$ 98.60 ON • \$ 99.66 QC	No coverage
Basic Life Insurance	City pays 100%	City pays 100%	City pays 100%
Dependent Life Insurance	City pays 100%	City pays 100%	No coverage

***By signing this form, I authorize the plan administrator and insurer to use my Social Insurance Number for identification purposes in their administration of the group insurance plan in which I am enrolled and to collect premiums if required.***

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Admin Only:**

Retiree Benefits commencing on: \_\_\_\_\_

Sent to Coughlin on: \_\_\_\_\_

Processed by: \_\_\_\_\_